

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042097

STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4436 Registrar's No. 46

AMENDED

<p>FILED NOV 27 1961</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>ST CLAIR</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELLETT Memorial Hosp.</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MO</u> b. COUNTY <u>BATES</u></p> <p>c. CITY OR TOWN <u>Appleton City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>1 Mo. West 2 Mo. South</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>3. NAME OF DECEASED (Type or print) First Middle Last</p> <p><u>Jubia Ellen Johnson</u></p>			<p>4. DATE OF DEATH Month Day Year</p> <p><u>Nov. 13 - 1961</u></p>				
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>W</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Jan 4, 67</u></p>	<p>9. AGE (last birthday) <u>94</u></p>	<p>IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u></p>	<p>IF UNDER 24 HR Hours <u>10</u> Min. <u>9</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>—</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Brookport office Mo. U.S.A</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u></p>	
<p>13a. FATHER'S NAME <u>MARTIN BOOTS</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Sarah Jewellen</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>None</u></p>			
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u></p>		<p>16. SOCIAL SECURITY NO. <u>—</u></p>		<p>17. INFORMANT Address <u>CARL Johnson Appleton City, Mo.</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Bronchopneumonia, RT 6 days</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>—</u></p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>							
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u></p>			
<p>20c. TIME OF INJURY Hour Month, Day, Year</p> <p><u>—</u> <u>—</u> <u>—</u> <u>—</u></p>							
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u></p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p> <p><u>—</u> <u>—</u> <u>—</u></p>			
<p>21. I attended the deceased from <u>7 Nov 61</u> to <u>13 Nov 61</u> and last saw her <u>alive</u> on <u>13 Nov 61</u></p> <p>Death occurred at <u>12:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE (Degree or title) <u>W. L. [Signature]</u></p>			<p>22b. ADDRESS <u>Appleton City</u></p>		<p>22c. DATE SIGNED <u>14 Nov 61</u></p>		
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>11-15-61</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>Osceola Embury Appleton City Mo.</u></p>			<p>25. DATE REG. BY LOCAL REG. <u>Nov. 14-1961</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Oliver Abney</u></p>		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.